



Personal information

OFFICIAL USE ONLY

Empty box for official use only

Your first name: AAAAAAAAAAAAAAAAAA M.I.: A Last name: AAAAAAAAAAAAAAAAAA

Your social security number: 999-99-9999 Federal employer identification: 99-99999999 Your Daytime phone number: 999-999-9999

Home address (number and street) If foreign address use Schedule S. Apartment number: 99999AAAAAAAAAAAAAAAAAAAA 99AAA

City: AAAAAAAAAAAAAAAAAAAAAAA State: AA Zip: 99999-9999

Sales tax you owe

If the amount is zero, make no entry.

Table with 4 rows: 1 Merchandise, services, and rentals; 2 Alcoholic beverages; 3 Purchase of catered food and drink and rental of non-commercial vehicles; 4 Total tax due

Payment Attach check or money order payable to DC Treasurer. Write your social security or federal employer identification number and "2002 FR-329" on your payment. You must mail your payment with this form by April 15, 2003.

Signature Under penalties of the law, I declare that I have examined this return and to the best of my knowledge it is correct. Declaration of paid preparer other than taxpayer is based on all information available to the preparer.

Your signature Date Paid preparer's signature Date

Paid preparer's FEIN, SSN, or PTIN: 999999999 Paid preparer's phone number: 999-999-9999

Send your signed and completed original form by April 15, 2003 to Office of Tax and Revenue 941 North Capitol St., NE 6th floor Washington, DC 20002

Do not mail this form in the same envelope as your individual tax return.